## **Remittance Instructions – Savings Banks**

Below is the current schedule and instructions for submitting fees associated with applications processed by the Office of Financial and Insurance Services, Enterprise Monitoring and Insurance Examination Division.

Please complete this form and attach the proper fee made payable to the State of Michigan. Mail this page and current fee to:

## OFFICE OF FINANCIAL AND INSURANCE SERVICES P. O. BOX 30165 LANSING, MI 48909-7665

A copy of this page and a copy of your check should accompany the application.

Applicant:		
RE:		
Check No.:	Date of Check:	
Application Type		<u>FEE</u>
Articles of Incorporation Amendment Savings Bank Organization Savings Bank Organization - Depository Institutions Capital Note Issue Capital Stock Issue Consolidation - Existing Institution Consolidation - New Institution		100 5,250 5,250 900 1,100 1,500 500
Conversion  New Holding Company Securities I Purchase/Sale of Assets Trust - Full Powers	ssue	1,750 800 1,600 1,800



